

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	4-5	12/866	10/9 18-01
<b>RESPONSE FORMALITY REVIEW</b>	AM	917	01-04-02

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	9/27
2	8/23
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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10/18/01  
10/18/01